



RADILOGICAL SOCIETY OF CONNECTICUT
A CHAPTER OF THE AMERICAN COLLEGE OF RADIOLOGY

Testimony of the Radiological Society of Connecticut (RSC)

Senate Bill 5

Insurance and Real Estate Committee

February 3, 2015

Sen. Crisco, Rep. Megna and members of the committee:

The Radiological Society of Connecticut is the state chapter of the American College of Radiology, and includes membership of over 400 radiologists, radiation oncologists, and medical physicists.

The RSC cannot support SB 5 with the current language. We would be willing to support the bill with the following change: On line 7, after the words *"Telemedicine" does not include the use of facsimile or audio-only telephone*, we propose adding the following: "nor does it include interpretation of medical imaging examinations unless interpreted by physicians who practice 75% or more of their time while physically located in the state of Connecticut. Furthermore, no more than 25% of any provider group's medical imaging examinations may be eligible for full reimbursement if performed by individuals not physically present in the state of Connecticut at the time of service."

The rationale for our suggestion is that the compensation for the professional component of medical imaging tests includes many services that can be reasonably performed only by physicians locally who are familiar with and have immediate access to patients, ordering physicians, and the technologists who produce the images. Reimbursement for physicians' services are generally based upon a formula used by the Center for Medicare and Medicaid Services known as the Resource Based Relative Value System (RBRVS). Private, commercial payers uniformly base their fees on the RBRVS, as well. According to this system, the radiologist's consultation is the sum of many parts: (emboldened items generally not performed by remote diagnostics):

- Pre-service work: **Review of records, teach technologists, coordinate with technologists regarding protocols and risks, evaluate the indication for examination and determine the appropriate examination, discussions with referring physician and/or patient**
- Intra-service work: **Monitor examination quality, review of images and coordination with tech for additional views if needed, interpretation of examination, dictation of report**
 - Post-service work: **Review and sign report, call and/or consult with referring patient and/or referring physician**

In addition, on-site radiologists, generally:

- **Educate and evaluate technologists**

- Participate in hospital conferences where patient diagnosis and management are discussed and planned

While all of these services are not performed for every patient's examination, one or more of them are frequently performed by on-site radiologists familiar to the technologists and referring physicians. (The RBRVS accounts for an assumed frequency of providing those services.) These non-interpretive professional services are rarely performed by people who interpret these examinations who are not as accessible to or familiar to the other involved parties. Thus, it would not be appropriate to include radiology services in a statute in a mandate mandating "coverage ... to the same extent coverage is provided ... through in-person consultation between the insured and a health care provider," or that "Such coverage shall be subject to the same terms and conditions applicable to all other benefits under such policy."

We recognize that there is value in teleradiology as a supplement to traditional care. Many of our members use it during late nights and early mornings for a small minority of selected and emergent examinations. These are overwhelmingly for preliminary evaluation of imaging studies. The local radiologists are available to consult on difficult cases and perform the final, official review of the examinations the next morning. We believe that the intent of SB 5, which unfortunately is not stated, is just that - that telemedicine services would be used as a supplement to on-site care, when either additional expertise is needed or in times of shortage of staffing. As it happens, however, there are places in the country where the reverse is true with respect to radiology services, and almost entire departments are outsourced, with on-site services becoming the supplementary component. We believe the patient suffers, as does the American College of Radiology, in a report of its Task Force on Teleradiology Services, which states (with respect to provision of radiology professional services):

"On-site coverage is preferred. Radiologists are the recognized experts of medical imaging and their contribution to the healthcare team goes beyond simply providing an interpretive report." Teleradiology services, ideally, are supplemental to a comprehensive on-site radiology practice. An intangible benefit of the on-site practice component is that the physician is tied to the community providing motivation to deliver a higher level of care."

RSC believes that, should SB 5 be passed as proposed without our suggested alternate language, an unintended consequence would be outsourcing of most or all of a radiology department or service to off-site physicians, who will not be able to provide all the services for which they are paid or trained, and staff supervision and patient care will suffer.

Thank you very much for your time and consideration.